



AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	INSURANCE COMPANY NAME
	FAX (A/C, No):	
E-MAIL ADDRESS:		
CODE:	SUBCODE:	
AGENCY CUSTOMER ID:		

POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name _____
 _____ PRODUCER
 _____ as our exclusive representative effective _____
 _____ CODE # _____ DATE _____
 for the lines of business shown above, currently in force or submitted
 by application.

This authorization replaces any other authorization that may have been
 previously completed for any other insurance representative for the
 stated lines of business.

 INSURED'S SIGNATURE DATE

 TITLE (IF APPLICABLE)

 COMPANY NAME (IF APPLICABLE)